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I attended the Commissioner Board meetings on a regular basis before my pedestrian accident. I never received any communication from the O.I.C. He explained that he could take my report, but it would not change the status or outcome of the report. He gave me a copy of the Department findings, (complaint# 44337, BPC 09-629), dated July 9, 2010 signed by acting Chief Ainsley Cromwell, and an ordinance report from the Detroit Police Manual, highlighted in pink marker stating: 204.1 - 4.2 Private property **Motor vehicle crashes that occur on private property are classified as non-traffic crashes. Non-traffic crashes shall not be reported on the State of Michigan Traffic Crash Report (UD-10) nor submitted to the State of Michigan Records System except for the following situations:**

Several paragraphs later this was heightened relating to private property investigations: **occurring on private property should be reported using a Preliminary Complaint Report (PCR). The report should be entitled "Private Property Crash."** The CVS Store is accessible to the public. There are no private property signs posted anywhere.

The Investigator recorded our conversation. I told him that I wanted a copy of the tape recording. There is nothing in the report stating that I was not contacted. My rights have been violated. The Police Department is under the Consent Decree. The guidelines were not followed. The Detroit Departmental Manual 204.1 -4.3 Investigative limitations:

- 1. The duties of an officer investigating a crash are confined to the criminal aspect of the case. The officer shall take no part in placing liability for damages, advising citizens about adjustments, or signing statements placing the blame on either party.**

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The Accident Report Case number is IJ902i6067M note phone caller unknown.

REPORTING AGENCY: DETROIT POLICE DEPARTMENT

CASE REPORT NUMBER: IJ9052i60657M

PRECINCT: DISTRICT 2/SOUTHWEST PHONERUNKNOWN

When the Officer approached me I was sitting in my vehicle. Note that the Officer stated that I was standing in the parking lot when he came.

CIRCUMSTANCES - WRT. ARRIVED AT SCENE AND OBS. VICTIM, OFFENDER AND WITNESS STANDING IN THE PARKING LOT.

I never told the officer that I yell at the driver of the SUV. I yelled because I was in pain and shock because I did not know what happened. I never yelled at women. I was light headed, (dizzy). I asked the woman, who was the driver, for her name and phone number. The driver stated, that her husband was a Detroit Police Sergeant and she was going to call him. She repeated several times about her husband being a Detroit Police Sergeant. I told her that I Did not care about her Husband being a Detroit Police Sergeant.

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OFFENDER STATED THAT AS SHE WAS BACKING UP, SHE HEARD THE VICTIM YELLING AT HER.

At the time of the accident, the witness was sitting in the front passenger seat of the SUV. She could not have seen me at the time of the accident. I did not know that she was in the SUV until she got out of the vehicle and walked to the rear of the vehicle. She is related to the driver of the SUV. She stated that the camera that was located at the front entrance of the CVS would prove that the Driver did not hit me. She made several negative comments to me, such as She just trying to get a pay check, she don't know about us ghetto women. I told her that she was ignorant and that I was not going to talk to her anymore.

WITNESS, WHO WAS A PASSENGER IN OFFENDERS VEHICLE STATED THAT -«* * . SHE OBS. THE VICTIM STANDING IN THE MIDDLE OF THE LOT AND OFFENDERS VEHICLE NEVER : "*" GOT CLOSE TO VICTIM.

The Officer did not want to make the accident report. He told me that he was going to make an information report. I told him that I was hurt. I told him to touch my back and I told him where the pain was. I felt the immediate pain in the upper left side of my back near the spine area. He told me that it was impossible for me to be hurt because the bumper was not that high up. I told him that I felt the pain in my back and I believed that I was struck by the left rear corner of the SUV. He walked over to the SUV and examined it. He stated that I was not hurt several times. He stated this in the presence of the two women.

He stated that it was not an accident. I told him that I was in I pain and the woman did hit me. I felt dizzy. I told him that I have a blood pressure problem and I'm trying to stay calm. He rose up at me and said he had a high blood pressure problem too and that he would bet that his blood pressure was worse than mine. He asked me did I see what was written on his scout car. He pointed to the wording Traffic Enforcement.

I told the Officer that I knew that a report should be made because I was a Retired Detroit Officer and that I knew what the procedure was. He asked me about my I.D. I showed him my Retired Badge. He asked me about my Police I.D. I showed it to him. He walked back to his vehicle. He called somebody. He came back to my vehicle. He asked where the pain was. I told him to touch my back and I told him where the pain was. He told me that the bumper was not that high up. I told him that the left rear corner of the SUV hit me and I felt the pain in the back. He walked over to the SUV and examined it. He ran his fingers across the rear left light and stated that there was dust on the corner of the vehicle.

The Officer told me that he was going to make a Chrisnet report. He refused to give me, information concerning, the driver, her vehicle nor the witness information. He did not want to give me his name or badge number. He told me that I could get a copy of the Chrisnet report from the old Second Precinct the next day.

VICTIM ALSO STATED THAT THE MIDDLE OF HER BACK WAS STRUCK UPON THE IMPACT AND WRT. OBS. THE OFFENDERS REAR BUMPER EXTENDS APPROX. 5 INCHES OUT.

The Officer stated that I refused medical treatment. He saw my daughter, Elizabeth Stevenson. Her friend brought her up to the CVS on his motor cycle. The Officer heard her state that she was taking me to the hospital.

VICTIM ALSO REFUSED MEDICAL ATTENTION.

There was a dispute about the bumper. I told the officer that my back was hurting. Note the date and time. On May 27, 2009, I went to the 2nd Precinct to get the report. I was told that there was no report for me in the system. I filed a complaint at the commissioner's board meeting on May 28, 2009, concerning my accident report. At the end of the meeting, one of the Chief's staff found the Report and gave me my half of the report. He told me that my attorney would have to request the other half of the report, which contained the driver's information.

OFFENDERS VEHICLE INFO - 2001 FORD EXPLORER, BLK/BLK, LIC#10/MI/BJW3039,
VIN# 1FMYU70E21UC09239, INSURED BY ALLIED INSURANCE POL# PPC0008792957-0.
Thursday, May 28, 2009 4:29:39PM CASE REPORT#: 0905200637.1
Page 2 of 2

The City Of Detroit is under the Consent Decree. The Departmental Procedures were not followed. The Officer was Officious and very biased. He did not want to make the report. He made the report after I showed him my retired police badge and I.D.

I have been in continuous contact with the Detroit Police Commissioners' Board about

the situation. Celia Washington, their Attorney on record, as advised me to request an appeal, Resolution of Complaint Sec. 7-1109, to complaint # 44337, BPC09629. I did in April 2012.

I'm a Retired Police Officer and I fight for the rights and safety of our Citizens, who live in our city as well as our state. On a regular basis, I bring issues to your Commissioners' Board attention, to find peaceful legal resolutions, to sometimes horrific situations. I am a grassroots worker. The majority of the work that I do is for the indigent people, who can't afford the type of services that I do. I have never received any money from any agency nor loan company. I use my pension money as well as money from law suit cases that I have done in the past. I do not owe the in Internal Revenue anything. Since my accident, I used my annuity money to assist with my expenses and health care. My Insurance Company, State Farm refuse to pay for my medical bills based on the officer's statement.

As a member of ALPACT and a fighter for justice for all, I believe that there should be police accountability in our State. Police Officers are the pillars of our state. They should represent good role models for the future generation.

Respectfully yours

Tijuana Morris

Fight for Your Rights Investigations Inc

220 Bagley Ste. 809
Detroit Michigan 48226
313-208-8323
mst3211@yahoo.com



October 07, 2012

Consent Decree
Federal Monitor
Robert Warshaw
Email: rohtopcop@aol.com

RE: Resolution of Complaint Sec. 7-1109, concerning the complaint filed on May 28, 2009, (complaint # 44337, BPC09-629), at the Commissioner Board meeting, concerning Traffic Officer Fitzgerald Harris badge #1440 S/8 a pedestrian/vehicle accident report in the parking lot of a CVS Store (13580 Grand River).

Mr. Warshaw,

My name is Tijuana Morris, I'm a licensed investigator, as well as a Retired Detroit Police Officer. This complaint, (complaint # 44337, BPC09-629), should have been investigated thoroughly in a timely manner. The above situation has been an ongoing problem with filing a citizen's complaint. On April 19, 2012, Celia Washington, appointed Attorney for the Detroit Police Commissioners' Board, recommended that I file the above solution. I hand delivered the document to her on April 26. This situation has not been resolved. There has been no corrective action taken to make sure that the paid responsible Investigator/Attorney, do the work, in compliance with the Consent Agreement. Attorney Washington has not contacted me concerning this situation in a timely manor.

The last time I addressed the issue, in July 2012 at a Commissioner's Board meeting. Ms Washington informed me that they could arrange a meeting within the week. I told her that I would be having surgery and unavailable. The thirty day window frame, according to the new City Charter, had already past. I don't have faith that the Board would be impartial.

Attorney Celia Banks Washington contacted me on face book in August of this year, stating that this was the only way that she could contact me. This was not true, because she has my documents with my letter head, which has all of my contact information on it. She has my home address as well. I use to attend the Board meetings on a regular basis, until the accident in 2009. The Detroit Police Department check and balance system, procedures are not adhered to properly when complaints are filed against some police officers.

After I filed the complaint on the officer, I was contacted by Antonio Jones, on May 29, 2009. He informed me that their office was working on my complaint. I never heard from the O.I.C. anymore. On several occasions I've asked about the update, but never got a response. I

am still in the process of therapy and negotiation. My attorney explained to me that the Insurance Company is using the officer's testimony and deposition against me.

In December in 2011, I addressed the Commissioner board about the situation. I talked to Assistant Chief Ainsley Cromwell. Around December 26, 2011, he checked his files and told me that there was no complaint filed for me. I told him that Investigator Antonio Jones informed me that he was reviewing my complaint in 2009, but no one contacted me after that time. Investigator Cromwell informed me that Investigator Jones was retired. I located Investigator Jones, in December 2011, who stated that he did remember some parts of the case, but the case was turned over to someone else. Assistant Chief Cromwell informed me that Investigator Jones was coming back to work, and that he would be handling my case.

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Respectfully yours

Tijuana Morris

EXHIBIT

8) Appeal Court information and Court Transcript
Judge's ruling (upon request if needed)

Court of Appeals, State of Michigan
ORDER

Tijuana Morris v State Farm Mutual Automobile Insurance Company


Docket No. **321378**

LC No. **10-005725-NF**

William B. Murphy, Chief Judge, acting under MCR 7.203(F)(1) and MCR 7.211(E)(2), orders:

The claim of appeal is DISMISSED for lack of jurisdiction because it was not filed within 21 days after entry of the March 7, 2014, order deciding appellant's motion for a new trial. MCR 7.204(A)(1)(b). At this time, appellant may seek to appeal only by filing a delayed application for leave to appeal under MCR 7.205(G).

The motion to waive fees is GRANTED for this appeal only.



William B. Murphy



A true copy entered and certified by Jerome W. Zimmer Jr., Chief Clerk, on

MAY 09 2014

Date



Chief Clerk

EXHIBIT

9) Pension Annuity statements

Annuity Refund Worksheet

Distribution Summary

7/19/11

SSN XXXXXXXXXX
 Participant Name Tijuanita Morris

Total Partial

Pretax Contributions	Interest	Posttax Contributions
Prior Year _____	Prior Year _____	Pre-1982 _____
Current Year _____	Current Year _____	Prior Year _____
Total Pretax _____	Total Interest _____	Current Year _____
		Total Posttax _____

Total Taxable 1,192.83
 Rollover amount _____
 Withholding 238.57

Total Nontaxable 1,159.56
 Nontaxable Rollover _____
 TOTAL DISTRIBUTION 2,352.39

For EDROs and Death Beneficiaries

Participant or First Beneficiary Name _____
 SSN (if different from above) _____

Total Taxable _____
 Rollover amount _____
 Withholding _____

Total Nontaxable _____
 Nontaxable Rollover _____
 TOTAL _____

_____ Minor EDRO

Alternate Payee or Second Beneficiary Name _____
 SSN _____

Total Taxable _____
 Rollover amount _____
 Withholding _____

Total Nontaxable _____
 Nontaxable Rollover _____
 TOTAL _____

_____ Minor EDRO

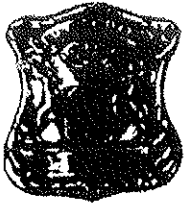
Third Beneficiary Name _____
 SSN _____

Total Taxable _____
 Rollover amount _____
 Withholding _____

Total Nontaxable _____
 Nontaxable Rollover _____
 TOTAL _____

_____ Minor EDRO





POLICE AND FIRE RETIREMENT SYSTEM
CITY OF DETROIT



WITHDRAWAL/DISTRIBUTION FROM DEFINED CONTRIBUTION PLAN
(ANNUITY SAVINGS FUND)

DATE OF APPLICATION 7-6-2011

EMPLOYEE NAME TIJANA MORRIS

SOCIAL SECURITY # [REDACTED]

DATE OF BIRTH 03-30-55

TELEPHONE (313) 208-8323

TO: BOARD OF TRUSTEES OF THE RETIREMENT SYSTEM

I attained or will attain eligibility for withdrawal of my Defined Contribution Plan (Annuity) amounts due to (Choose one)

- ☐ Service Retirement
☐ Separation from Service
☐ Laid-off
☐ Death of employee (Date _____)
- ☒ 20/25 Year Withdrawal Provisions
☐ Conversion from Disability
☐ EDRO (Eligible Domestic Relations Order)
☐ Quarterly Interest Withdrawal (Retired Only)

If Death or EDRO, please complete:

RECIPIENT/BENEFICIARY NAME _____ SOCIAL SECURITY # _____
 DATE OF BIRTH _____ TELEPHONE (_____) _____

Pursuant to these provisions, I hereby request a withdrawal from my Defined Contribution Plan account as follows:

[Signature] Total withdrawal _____ Partial withdrawal of \$ _____
 (Initial) (Initial)

If partial withdrawal, write out dollar amount _____

_____ Contributions prior to 8-14-1982 only.
 (Initial)

to be distributed as follows:

If requesting more than pre-1982 contributions you must select **EITHER 1, 2 or 2 and 3:**

1. [Signature] I request that full payment be made to me. I acknowledge that twenty (20%) percent of the
 (Initial) taxable portion will be withheld in accordance with applicable Internal Revenue Code requirements and regulations.

2. I request a direct rollover of the otherwise taxable portion as follows: **CHOOSE A or B**

A _____ All of the otherwise taxable portion (in
 (Initial) which case no withholding will apply
 to me)

OR

B _____ A portion totaling \$ _____
 (Initial) of the otherwise taxable portion

of my Defined Contribution Plan distribution be forwarded to:

Agency and Account No.: _____

Address: _____

City, State & Zip Code: _____

as a direct rollover/direct transfer and the balance paid to me. Any taxable portion not rolled over/transferred will be subject to the required twenty (20%) percent withholding. Representatives of the above named company have assured me that the direct rollover amount will be deposited in either a 401(a) of the Internal Revenue Code Plan, including a 401(k) plan, profit sharing plan, defined benefit plan, stock bonus plan, and money purchase plan; a section 403(a) annuity plan; a section 403(b) tax-sheltered annuity or an eligible section 457(b) plan maintained by a governmental employer (governmental 457 plan).

3. I request a direct rollover of the non-taxable portion as follows: **CHOOSE C or D**

C _____ All of the otherwise non-taxable
(Initial) portion

OR

D _____ A portion totaling \$ _____
(Initial) of the otherwise non-taxable
portion

of my Defined Contribution Plan distribution be forwarded to:

Agency and Account No.: _____

Address: _____

City, State & Zip Code: _____

as a direct rollover/direct transfer and the balance paid to me. Representatives of the above named company have assured me that the direct rollover amount will be deposited in either an IRC 403(a) (Individual Retirement Account) or IRC 403(b) (Individual Retirement Annuity).

I acknowledge receipt of a notice provided to me pursuant to Section 402 of the Internal Revenue Code. I acknowledge that 1099R(s) will be issued regarding the withdrawal from the defined contribution plan. I hereby release the Retirement System and its Board of Trustees and the City-employer from any and all liability relative to the aforesaid defined contribution plan amounts upon the forwarding of the amounts as directed by me. I acknowledge that a 1099R will be issued to indicate the otherwise taxable portions of the defined contribution plan amounts transferred in accordance with the foregoing direct rollover/direct transfer. I have made appropriate arrangements with the aforementioned financial institution to accept the transferred amount as a direct rollover, permitted by the Internal Revenue Code and applicable regulations. I hereby waive any and all claims relative to the aforesaid defined contribution plan amounts forwarded/ transferred consistent with this document. I acknowledge that the Retirement System, its employees and representatives do not give tax advice and I will consult with a tax advisor of my choice.

Signatures must be notarized if not witnessed by a Retirement Systems employee.

Debra [Signature] 7-6-11
Signature of Witness Date

Address of Witness

City State Zip

Isisana Morris 7-6-11
Signature of Recipient Date

P.O. Box 23712
Address of Recipient

Det MI 48223
City State Zip

On this day of _____ the above named made oath that the answers are true to the best of his/her knowledge and belief.

My Commission expires: _____

Notary Public

(SEAL)

County

State

DO NOT WRITE IN THIS SPACE



Annuity Refund Worksheet
Distribution Summary

12/16/10

SSN _____

Participant Name TIJUANA MORRIS

Total

Partial

Pretax	Contributions	Interest	Posttax	Contributions
Prior Year	_____	Prior Year	Pre-1982	_____
Current Year	_____	Current Year	Prior Year	_____
			Current Year	_____
Total Pretax	_____	Total Interest	Total Posttax	_____

Total Taxable 7,000.00
Rollover amount _____
Withholding 1,400.00

Total Nontaxable 0.00
Nontaxable Rollover _____
TOTAL DISTRIBUTION 7,000.00

For EDROs and Death Beneficiaries

Participant or First Beneficiary

Name _____

SSN (if different from above) _____

Total Taxable _____
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Withholding _____

Total Nontaxable _____
Nontaxable Rollover _____
TOTAL _____

_____ Minor EDRO

Alternate Payee or Second Beneficiary

Name _____

SSN _____

Total Taxable _____
Rollover amount _____
Withholding _____

Total Nontaxable _____
Nontaxable Rollover _____
TOTAL _____

_____ Minor EDRO

Third Beneficiary

Name _____

SSN _____

Total Taxable _____
Rollover amount _____
Withholding _____

Total Nontaxable _____
Nontaxable Rollover _____
TOTAL _____

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POLICE AND FIRE RETIREMENT SYSTEM
CITY OF DETROIT



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DATE OF APPLICATION 11-24-2010

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DATE OF BIRTH 03-30-1955 TELEPHONE (313) 208-8323

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If Death or EDRO, please complete:

RECIPIENT/BENEFICIARY NAME _____ SOCIAL SECURITY # _____

DATE OF BIRTH _____ TELEPHONE (_____) _____

Pursuant to these provisions, I hereby request a withdrawal from my Defined Contribution Plan account as follows:

(Initial) Total withdrawal _____ Partial withdrawal of \$ 7,000.00
(Initial)

If partial withdrawal, write out dollar amount SEVEN THOUSAND DOLLARS

(Initial) Contributions prior to 8-14-1982 only.

(Initial)

to be distributed as follows:

If requesting more than pre-1982 contributions you must select **EITHER 1, 2 or 2 and 3:**

1. JLM I request that full payment be made to me. I acknowledge that twenty (20%) percent of the
(Initial) taxable portion will be withheld in accordance with applicable Internal Revenue Code requirements and regulations.

2. I request a direct rollover of the otherwise taxable portion as follows: **CHOOSE A or B**

A _____ All of the otherwise taxable portion (in
(Initial) which case no withholding will apply to me)

OR

B _____ A portion totaling \$ _____
(Initial) of the otherwise taxable portion

of my Defined Contribution Plan distribution be forwarded to:

Agency and Account No.: _____

Address: _____

City, State & Zip Code: _____

as a direct rollover/direct transfer and the balance paid to me. Any taxable portion not rolled over/transferred will be subject to the required twenty (20%) percent withholding. Representatives of the above named company have assured me that the direct rollover amount will be deposited in either a 401(a) of the Internal Revenue Code Plan, including a 401(k) plan, profit sharing plan, defined benefit plan, stock bonus plan, and money purchase plan; a section 403(a) annuity plan; a section 403(b) tax-sheltered annuity or an eligible section 457(b) plan maintained by a governmental employer (governmental 457 plan).

3. I request a direct rollover of the non-taxable portion as follows: **CHOOSE C or D**

C	All of the otherwise non-taxable (Initial) portion
----------	---

OR

D	A portion totaling \$ _____ (Initial) of the otherwise non-taxable portion
----------	--

of my Defined Contribution Plan distribution be forwarded to:

Agency and Account No.: _____

Address: _____

City, State & Zip Code: _____

as a direct rollover/direct transfer and the balance paid to me. Representatives of the above named company have assured me that the direct rollover amount will be deposited in either an IRC 403(a) (Individual Retirement Account) or IRC 403(b) (Individual Retirement Annuity).

I acknowledge receipt of a notice provided to me pursuant to Section 402 of the Internal Revenue Code. I acknowledge that 1099R(s) will be issued regarding the withdrawal from the defined contribution plan. I hereby release the Retirement System and its Board of Trustees and the City-employer from any and all liability relative to the aforesaid defined contribution plan amounts upon the forwarding of the amounts as directed by me. I acknowledge that a 1099R will be issued to indicate the otherwise taxable portions of the defined contribution plan amounts transferred in accordance with the foregoing direct rollover/direct transfer. I have made appropriate arrangements with the aforementioned financial institution to accept the transferred amount as a direct rollover, permitted by the Internal Revenue Code and applicable regulations. I hereby waive any and all claims relative to the aforesaid defined contribution plan amounts forwarded/ transferred consistent with this document. I acknowledge that the Retirement System, its employees and representatives do not give tax advice and I will consult with a tax advisor of my choice.

Signatures must be notarized if not witnessed by a Retirement Systems employee.

[Signature] 11-24-2010
Signature of Witness Date

[Signature] 11-24-2010
Signature of Recipient Date

Address of Witness

P.O. Box 23712 Det Mi 48223
Address of Recipient

City State Zip

Detroit Mi 48223
City State Zip

On this day of _____ the above named made oath that the answers are true to the best of his/her knowledge and belief.

My Commission expires: _____

(SEAL)

Notary Public
County State

DO NOT WRITE IN THIS SPACE



09-SEPT-10

Total	(Partial
-------	---	---------

Total Nontaxable	
Nontaxable Rollover	
TOTAL DISTRIBUTION	2,200.00



REC'D SEP 02 2010

POLICE AND FIRE RETIREMENT SYSTEM
CITY OF DETROIT



WITHDRAWAL/DISTRIBUTION FROM DEFINED CONTRIBUTION PLAN
(ANNUITY SAVINGS FUND)

DATE OF APPLICATION 9-2-10
EMPLOYEE NAME TJUANNA MORRIS SOCIAL SECURITY # [REDACTED]
DATE OF BIRTH 03-30-1955 TELEPHONE (313) 208-3323

TO: BOARD OF TRUSTEES OF THE RETIREMENT SYSTEM

I attained or will attain eligibility for withdrawal of my Defined Contribution Plan (Annuity) amounts due to
(Choose one)

☒ Service Retirement ☐ 20/25 Year Withdrawal Provisions
☐ Separation from Service ☐ Conversion from Disability
☐ Laid-off ☐ EDRO (Eligible Domestic Relations Order)
☐ Death of employee (Date _____) ☐ Quarterly Interest Withdrawal (Retired Only)

If Death or EDRO, please complete:

RECIPIENT/BENEFICIARY NAME _____ SOCIAL SECURITY # _____
DATE OF BIRTH _____ TELEPHONE (____) _____

Pursuant to these provisions, I hereby request a withdrawal from my Defined Contribution Plan account as follows:

_____ Total withdrawal _____ Partial withdrawal of \$ 2,200.00
(Initial) (Initial)

If partial withdrawal, write out dollar amount TWO THOUSAND & TWO HUNDRED DOLLARS

_____ Contributions prior to 8-14-1982 only.
(Initial)

to be distributed as follows:

If requesting more than pre-1982 contributions you must select **EITHER 1, 2 or 2 and 3:**

1. ☒ I request that full payment be made to me. I acknowledge that twenty (20%) percent of the
(Initial) taxable portion will be withheld in accordance with applicable Internal Revenue Code requirements and regulations.

2. I request a direct rollover of the otherwise taxable portion as follows: **CHOOSE A or B**

A _____ All of the otherwise taxable portion (in
(Initial) which case no withholding will apply
to me)

OR

B _____ A portion totaling \$ _____
(Initial) of the otherwise taxable portion

of my Defined Contribution Plan distribution be forwarded to:

Agency and Account No.: _____

Address: _____

City, State & Zip Code: _____

as a direct rollover/direct transfer and the balance paid to me. Any taxable portion not rolled over/transferred will be subject to the required twenty (20%) percent withholding. Representatives of the above named company have assured me that the direct rollover amount will be deposited in either a 401(a) of the Internal Revenue Code Plan, including a 401(k) plan, profit sharing plan, defined benefit plan, stock bonus plan, and money purchase plan; a section 403(a) annuity plan; a section 403(b) tax-sheltered annuity or an eligible section 457(b) plan maintained by a governmental employer (governmental 457 plan).

3. I request a direct rollover of the non-taxable portion as follows: **CHOOSE C or D**

C All of the otherwise non-taxable
(Initial) portion

OR

D A portion totaling \$
(Initial) of the otherwise non-taxable
portion

of my Defined Contribution Plan distribution be forwarded to:

Agency and Account No.: _____

Address: _____

City, State & Zip Code: _____

as a direct rollover/direct transfer and the balance paid to me. Representatives of the above named company have assured me that the direct rollover amount will be deposited in either an IRC 403(a) (Individual Retirement Account) or IRC 403(b) (Individual Retirement Annuity).

I acknowledge receipt of a notice provided to me pursuant to Section 402 of the Internal Revenue Code. I acknowledge that 1099R(s) will be issued regarding the withdrawal from the defined contribution plan. I hereby release the Retirement System and its Board of Trustees and the City-employer from any and all liability relative to the aforesaid defined contribution plan amounts upon the forwarding of the amounts as directed by me. I acknowledge that a 1099R will be issued to indicate the otherwise taxable portions of the defined contribution plan amounts transferred in accordance with the foregoing direct rollover/direct transfer. I have made appropriate arrangements with the aforementioned financial institution to accept the transferred amount as a direct rollover, permitted by the Internal Revenue Code and applicable regulations. I hereby waive any and all claims relative to the aforesaid defined contribution plan amounts forwarded/ transferred consistent with this document. I acknowledge that the Retirement System, its employees and representatives do not give tax advice and I will consult with a tax advisor of my choice.

Signatures must be notarized if not witnessed by a Retirement Systems employee.

[Signature]
Signature of Witness Date
[Signature]
Address of Witness
Detroit, MI 48228
City State Zip

[Signature]
Signature of Recipient Date
148428 J 14841 July 2014
Address of Recipient
Detroit, MI 48228
City State Zip

On this day of _____ the above named made oath that the answers are true to the best of his/her knowledge and belief.

My Commission expires: _____

(SEAL)

Notary Public

County State

DO NOT WRITE IN THIS SPACE



10-JUN-10

Total	/	Partial
-------	---	---------

Total Nontaxable	
Nontaxable Rollover	
TOTAL DISTRIBUTION	12,000.00

3. I request a direct rollover of the non-taxable portion as follows: **CHOOSE C or D**

C	All of the otherwise non-taxable (Initial) portion
----------	---

OR

D	A portion totaling \$ (Initial) of the otherwise non-taxable portion
----------	--

of my Defined Contribution Plan distribution be forwarded to:

Agency and Account No.: _____

Address: _____

City, State & Zip Code: _____

as a direct rollover/direct transfer and the balance paid to me. Representatives of the above named company have assured me that the direct rollover amount will be deposited in either an IRC 403(a) (Individual Retirement Account) or IRC 403(b) (Individual Retirement Annuity).

I acknowledge receipt of a notice provided to me pursuant to Section 402 of the Internal Revenue Code. I acknowledge that 1099R(s) will be issued regarding the withdrawal from the defined contribution plan. I hereby release the Retirement System and its Board of Trustees and the City-employer from any and all liability relative to the aforesaid defined contribution plan amounts upon the forwarding of the amounts as directed by me. I acknowledge that a 1099R will be issued to indicate the otherwise taxable portions of the defined contribution plan amounts transferred in accordance with the foregoing direct rollover/direct transfer. I have made appropriate arrangements with the aforementioned financial institution to accept the transferred amount as a direct rollover, permitted by the Internal Revenue Code and applicable regulations. I hereby waive any and all claims relative to the aforesaid defined contribution plan amounts forwarded/ transferred consistent with this document. I acknowledge that the Retirement System, its employees and representatives do not give tax advice and I will consult with a tax advisor of my choice.

Signatures must be notarized if not witnessed by a Retirement Systems employee.

Debra [Signature] 6-3-10
Signature of Witness Date

THE RETIREMENT SYSTEMS
CITY OF DETROIT
Address of Witness
2 WOODWARD AVE. RM 901
DETROIT, MI 48226-3413

City State Zip

[Signature] 6-3-10
Signature of Recipient Date

14841 Joy Rd Apt 2A
Address of Recipient

DETROIT MI 48228
City State Zip

On this day of _____ the above named made oath that the answers are true to the best of his/her knowledge and belief.

My Commission expires: _____

(SEAL)

Notary Public

County

State

DO NOT WRITE IN THIS SPACE



21-JAN-10

Total	/	Partial
-------	---	---------

Total Taxable	<u>55,000.00</u>	Total Nontaxable	<u> </u>
Rollover amount	<u> </u>	Nontaxable Rollover	<u> </u>
Withholding	<u>11,000.00</u>	TOTAL DISTRIBUTION	<u>55,000.00</u>

Total Taxable	Total Nontaxable
Rollover amount	Nontaxable Rollover
Withholding	TOTAL

Total Taxable	Total Nontaxable
Rollover amount	Nontaxable Rollover
Withholding	TOTAL

Total Taxable	Total Nontaxable
Rollover amount	Nontaxable Rollover
Withholding	TOTAL

[illegible]



POLICE AND FIRE RETIREMENT SYSTEM
CITY OF DETROIT



REC'D JAN 11 2010

WITHDRAWAL/DISTRIBUTION FROM DEFINED CONTRIBUTION PLAN
(ANNUITY SAVINGS FUND)

DATE OF APPLICATION 1-11-2010

EMPLOYEE NAME TIJUANA MORRIS

SOCIAL SECURITY # [REDACTED]

DATE OF BIRTH 03-30-55

TELEPHONE 313 208-8323

TO: BOARD OF TRUSTEES OF THE RETIREMENT SYSTEM

I attained or will attain eligibility for withdrawal of my Defined Contribution Plan (Annuity) amounts due to (Choose one)

- ☐ Service Retirement ☐ 20/25 Year Withdrawal Provisions
☐ Separation from Service ☐ Conversion from Disability
☐ Laid-off ☐ EDRO (Eligible Domestic Relations Order)
☐ Death of employee (Date _____) ☒ Quarterly Interest Withdrawal (Retired Only)

If Death or EDRO, please complete:

RECIPIENT/BENEFICIARY NAME _____ SOCIAL SECURITY # _____

DATE OF BIRTH _____ TELEPHONE (_____) _____

Pursuant to these provisions, I hereby request a withdrawal from my Defined Contribution Plan account as follows:

☐ Total withdrawal ☒ Partial withdrawal of \$ 55,000.00
 (Initial) (Initial)

If partial withdrawal, write out dollar amount FIFTY FIVE THOUSAND

☐ Contributions prior to 8-14-1982 only.
 (Initial)

to be distributed as follows:

If requesting more than pre-1982 contributions you must select **EITHER 1, 2 or 2 and 3:**

1. TLm I request that full payment be made to me. I acknowledge that twenty (20%) percent of the
 (Initial) taxable portion will be withheld in accordance with applicable Internal Revenue Code requirements and regulations.

2. I request a direct rollover of the otherwise taxable portion as follows: **CHOOSE A or B**

A _____ All of the otherwise taxable portion (in
 (Initial) which case no withholding will apply
 to me)

OR

B _____ A portion totaling \$ _____
 (Initial) of the otherwise taxable portion

of my Defined Contribution Plan distribution be forwarded to:

Agency and Account No.: _____

Address: _____

City, State & Zip Code: _____

as a direct rollover/direct transfer and the balance paid to me. Any taxable portion not rolled over/transferred will be subject to the required twenty (20%) percent withholding. Representatives of the above named company have assured me that the direct rollover amount will be deposited in either a 401(a) of the Internal Revenue Code Plan, including a 401(k) plan, profit sharing plan, defined benefit plan, stock bonus plan, and money purchase plan; a section 403(a) annuity plan; a section 403(b) tax-sheltered annuity or an eligible section 457(b) plan maintained by a governmental employer (governmental 457 plan).

3. I request a direct rollover of the non-taxable portion as follows: **CHOOSE C or D**

C	All of the otherwise non-taxable (Initial) portion
----------	---

OR

D	A portion totaling \$ (Initial) of the otherwise non-taxable portion
----------	--

of my Defined Contribution Plan distribution be forwarded to:

Agency and Account No.: _____

Address: _____

City, State & Zip Code: _____

as a direct rollover/direct transfer and the balance paid to me. Representatives of the above named company have assured me that the direct rollover amount will be deposited in either an IRC 403(a) (Individual Retirement Account) or IRC 403(b) (Individual Retirement Annuity).

I acknowledge receipt of a notice provided to me pursuant to Section 402 of the Internal Revenue Code. I acknowledge that 1099R(s) will be issued regarding the withdrawal from the defined contribution plan. I hereby release the Retirement System and its Board of Trustees and the City-employer from any and all liability relative to the aforesaid defined contribution plan amounts upon the forwarding of the amounts as directed by me. I acknowledge that a 1099R will be issued to indicate the otherwise taxable portions of the defined contribution plan amounts transferred in accordance with the foregoing direct rollover/direct transfer. I have made appropriate arrangements with the aforementioned financial institution to accept the transferred amount as a direct rollover, permitted by the Internal Revenue Code and applicable regulations. I hereby waive any and all claims relative to the aforesaid defined contribution plan amounts forwarded/ transferred consistent with this document. I acknowledge that the Retirement System, its employees and representatives do not give tax advice and I will consult with a tax advisor of my choice.

Signatures must be notarized if not witnessed by a Retirement Systems employee.

Debra Ferguson 1-11-10
Signature of Witness Date
14841 Joy Rd. Apt 2
Address of Witness
Detroit MI 48228
City State Zip

Tijuan Morris 1-11-2010
Signature of Recipient Date
14841 Joy Rd. Apt 2
Address of Recipient
Detroit MI 48228
City State Zip

On this day of _____ the above named made oath that the answers are true to the best of his/her knowledge and belief.

My Commission expires: _____

(SEAL)

Notary Public
County State

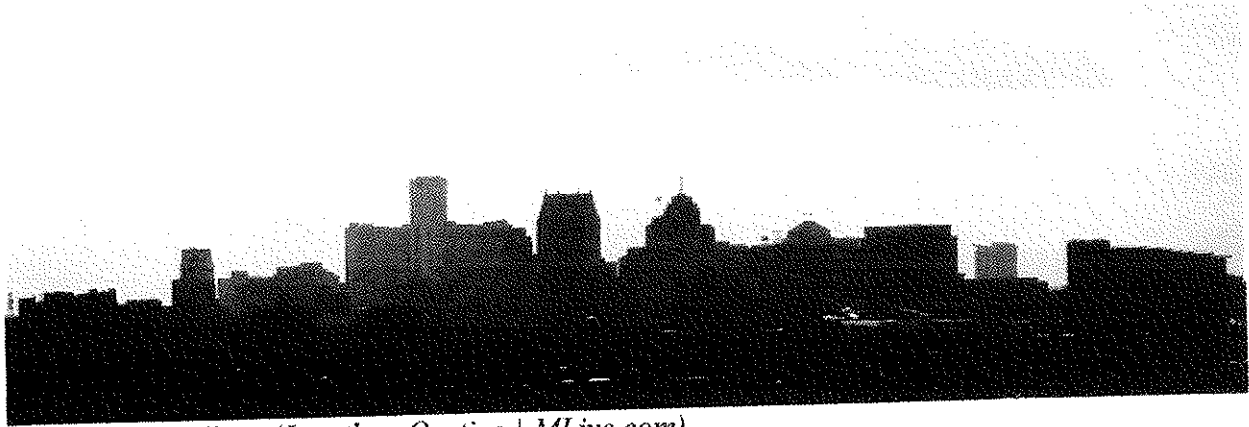
DO NOT WRITE IN THIS SPACE



EXHIBIT

- 10) Jonathan Oosting | joosting@mlive.com
Follow on Twitter

How Michigan's revenue sharing 'raid' cost communities billions for local services



The Detroit skyline. (Jonathan Oosting | MLive.com)

[Print](#)



By Jonathan Oosting | joosting@mlive.com

[Follow on Twitter](#)

on March 30, 2014 at 7:04 AM, updated April 13, 2014 at 1:13 AM

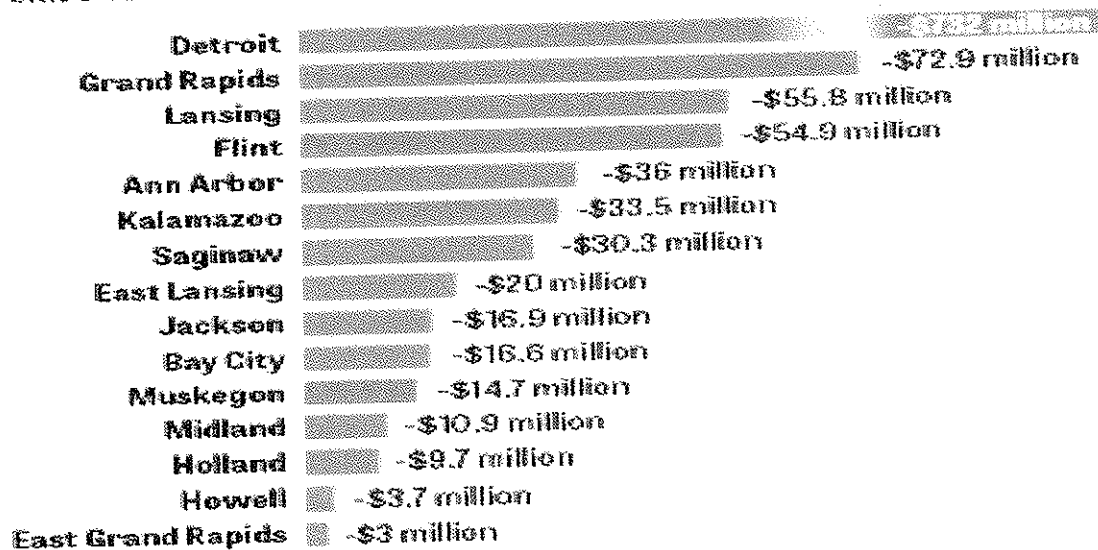
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REVENUE SHARING DIVERSION

Revenue sharing dollars diverted by the state from select Michigan cities since 2003.



Sources: Michigan Municipal League;
Michigan Department of Treasury

(Edward Rojas/MLive.com)

LANSING, MI -- Michigan is home to a number of struggling cities, making it easy to point the finger at local officials, declining property tax revenues or other economic factors that have effected the nation as a whole.

But many local leaders will also point to Lansing.

Over the past decade, lawmakers and governors from both political parties have used some \$6.2 billion in sales tax collections to fill state budget holes rather than fulfill a statutory revenue sharing promise to local communities, according to the Michigan Municipal League, which released a city-by-city analysis earlier this month.

The figures, which are based on data from the Michigan Department of Treasury and adjusted for inflation, are staggering. In many instances, the losses have resulted in steep cuts to government staffing and public services that residents rely on.

Detroit, which filed for bankruptcy protection last year, missed out on \$732 million between 2003 and 2013, per the report. Flint, under control of an emergency manager, could have had an extra \$54.9 million to work with. Cities like Pontiac and Lansing have lost more than \$40 million each.

The Municipal League says the annual budget "raid" has diverted money that should have been used to maintain city services. It argues that the Legislature has helped caused some of the very financial emergencies that have prompted state takeovers or other forms of intervention.